PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER 1		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/05/2023			
NAME OF PROVIDER OR SUPPLIER: MEADVILLE MEDICAL CENTER STATE LICENSE NUMBER: 197101			STREET ADDRESS, CITY, STATE, ZIP CODE: 751 LIBERTY STREET MEADVILLE, PA 16335						
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE				
P 0000	INITIAL COMMENT			P 0000					
P 0381	This report is the result of a special monitoring survey completed on February 16, 2023, with review of additional information concluding on April 5, 2023, at Meadville Medical Center. It was determined that the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998.			P 0381					
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	<u>. '</u>	TITLE:	(X6) DATE:			

State Form LNR811 IF CONTINUATION SHEET Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		390113			NG: 04/05/2023		
NAME OF PROVIDER OR SUPPLIER: MEADVILLE MEDICAL CENTER STATE LICENSE NUMBER: 197101			751 LIBERTY MEADVILLE	STREET	IIP CODE:		
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
P 0381	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR I IDENTIFYING INFORMATION) Continued from page 1 103.36 (b)(1) PERSONNEL RECORDS 103.36 (b) There shall be an established standard of content for personnel records which contain at least the following: (1) Information regarding the employe's education, training, and experience, including, if applicable, professional licensure status and license number, sufficient to verify the employe's qualifications for the job in which he is employed. Such information shall be kept current. Applicants for positions requiring a licensed person should be hired only after obtaining verification of their licensure, records of education, and written references. This REGULATION is not met as evidenced by:			P 0381	As an organization, Meadvil Medical Center (MMC) has unable to obtain meaningful references prior to making an employment over the last (approximate) (5) years. The professional/work reference obtained only gives dates of employment and position he information is already include the organizational application history and/or resume. If an applicant is listing a personal reference, historically a positive reference is given as the applicational shadow the potential employee. Written references will be in in licensed staff personnel reference that will favorably about the potential employee. MMC Human Resource staff educated on the requirement references of licensed person training will be coordinated. Human Resource Director.	been n offer of e typical eld. This ded on on/work eltive elicant eltive elicant eltispeak eltispeak eltispeak from the tipicant eltispeak eltispe	Completion Date: 08/01/2023 Status: APPROVED Date: 06/08/2023

State Form LNR811 IF CONTINUATION SHEET Page 2 of 5

Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 390113		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/05/2023		
NAME OF PROVIDER OR SUPPLIER: MEADVILLE MEDICAL CENTER STATE LICENSE NUMBER: 197101			STREET ADDRESS, CITY, STATE, ZIP CODE: 751 LIBERTY STREET MEADVILLE, PA 16335					
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
P 0381	MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION) Continued from page 2			P 0381	HR staff will audit (10) personal files of licensed staff on a mode basis. This process started A 2023. The audit will continue months. The results of the awill determine the need for continue auditing. Ultimate oversigh the Vice President of Human Resources. The findings of the citation will be presented to the Quality Improvement Counce May 2023 meeting. A subscreport will be presented to the Governing Board.	onthly April 17, ae for (3) udits ontinued t is by he the il at the equent		

State Form LNR811 IF CONTINUATION SHEET Page 3 of 5

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390113			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 04/05/2023			
NAME OF PROVIDER OR SUPPLIER: MEADVILLE MEDICAL CENTER STATE LICENSE NUMBER: 197101			STREET ADDRESS, CITY, STATE, ZIP CODE: 751 LIBERTY STREET MEADVILLE, PA 16335						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE		
P 0381			oyee e facility sed staff reviewed oril 5, ocess," no crocess ks n he Human eferences	P 0381					

State Form LNR811 IF CONTINUATION SHEET Page 4 of 5

Pennsylvania Department of Health

PLAN OF CORRECTION (POC) IDE		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390113		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 04/05/2023	
NAME OF PROVIDER OR SUPPLIER: MEADVILLE MEDICAL CENTER STATE LICENSE NUMBER: 197101			STREET ADDRESS, 751 LIBERTY MEADVILLE	STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
P 0381	the facility was no longer obtaining written references. 2. At approximately 12:15 PM on April 5, 2023, upon review of the facility's staff roster, EMP2 confirmed that references were not obtained for any employee that was hired after approximately late 2020. EMP2 further confirmed that selected personnel files for PF4-PF8 did not contain written references.		P 0381				

State Form LNR811 IF CONTINUATION SHEET Page 5 of 5



Certified End Page

MEADVILLE MEDICAL CENTER

STATE LICENSE NUMBER: 197101 SURVEY EXIT DATE: 04/05/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY